

Mr. Jeryl L. Mohn
Trunkline Gas Company
P.O. Box 4967
Houston, Texas 77210-4967

Re: 149-11590-00005
Second Administrative Amendment to
Part 70 T149-5944-00005

Dear Mr. Mohn:

Trunkline Gas Company was issued a permit on September 30, 1998 for a stationary pipeline compressor station. A letter requesting a change in responsible official was received on November 9, 1998. November 22, 1999, an additional letter was received to request the mailing address be corrected. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)]

The Permittee owns and operates a stationary pipeline compressor station.

Responsible Official:	Mr. Jeryl L. Mohn, Vice President
Source Address:	6580 South 200 East, Knox, IN 46534
Mailing Address:	P.O. Box 1642 4967, Houston, Texas 77251-1642 77210-4967
SIC Code:	4922
County Location:	Starke
County Status:	Attainment for all criteria pollutants
Source Status:	Part 70 Permit Program Major Source under PSD Rules

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Paul Dubenetzky, Chief
Permits Branch
Office of Air Management

Attachments: Replacement Pages
PD/gkf

cc: File - Starke County
U.S. EPA, Region V
Starke County Health Department
Air Compliance Section Inspector - Rick Reynolds
Compliance Data Section - Karen Nowak
IDEM Northern Regional Office

PART 70 OPERATING PERMIT OFFICE OF AIR MANAGEMENT

**Trunkline Gas Company
6580 South 200 East
Knox, Indiana 46534**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T149-5944-00005	
Issued by: Felicia R. George, Assistant Commissioner Office of Air Management	Issuance Date: September 30, 1998

First Administrative Amendment 149-10343, issued March 17, 1999

Second Administrative Amendment: 149-11590	Pages Affected: 4, 27, 28 and 29
Issued by: Paul Dubenetzky, Branch Chief Office of Air Management	Issuance Date:

SECTION A

SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Management (OAM). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)]

The Permittee owns and operates a stationary pipeline compressor station.

Responsible Official: Mr. Jeryl L. Mohn, Vice President
Source Address: 6580 South 200 East, Knox, IN 46534
Mailing Address: P.O. Box 4967, Houston, Texas 77210-4967
SIC Code: 4922
County Location: Starke
County Status: Attainment for all criteria pollutants
Source Status: Part 70 Permit Program
Major Source under PSD Rules

A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-7-4(c)(3)] [326 IAC 2-7-5(15)]

This stationary source consists of the following emission units and pollution control devices:

- (1) Three (3) natural gas fueled reciprocating internal combustion internal engine compressors, installed in 1966, identified as ID #'s 6201 through 6203, with a maximum capacity of 2000 Horsepower each, and exhausting to stacks # S6201 through S6203.
- (2) One (1) natural gas fueled reciprocating internal combustion internal engine compressor, installed in 1968, identified as ID #6204, with a maximum capacity of 2700 Horsepower, and exhausting to stack # S6204.

A.3 Specifically Regulated Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)]

This stationary source also includes the following insignificant activities which are specifically regulated, as defined in 326 IAC 2-7-1(21):

- (1) Natural gas-fired combustion sources with heat input equal to or less than ten (10) million Btu per hour:
- (2) The following VOC and HAP storage containers
 - (a) Storage tanks with capacity less than or equal to 1,000 gallons and annual throughputs less than 12,000 gallons.
 - (b) Vessels storing lubricating oils, hydraulic oils, machining oils, and machining fluids.
- (3) Blowdown for any of the following: sight glass, boiler, compressors, pumps, and cooling tower.
- (4) Emergency generators as follows:
 - (a) Natural gas turbines or reciprocating engines not exceeding 16,000 horsepower.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Trunkline Gas Company
Source Address: 6580 South 200 East, Knox, IN 46534
Mailing Address: P.O. Box 4967, Houston, Texas 77210-4967
Part 70 Permit No.: T149-5944-00005

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Trunkline Gas Company
Source Address: 6580 South 200 East, Knox, IN 46534
Mailing Address: P.O. Box 4967, Houston, Texas 77210-4967
Part 70 Permit No.: T149-5944-00005

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2	
9 1.	This is an emergency as defined in 326 IAC 2-7-1(12)
C	The Permittee must notify the Office of Air Management (OAM), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
C	The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
9 2.	This is a deviation, reportable per 326 IAC 2-7-5(3)(c)
C	The Permittee must submit notice in writing within ten (10) calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:
Control Equipment:
Permit Condition or Operation Limitation in Permit:
Description of the Emergency/Deviation:
Describe the cause of the Emergency/Deviation:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: Trunkline Gas Company
Source Address: 6580 South 200 East, Knox, IN 46534
Mailing Address: P.O. Box 4967, Houston, Texas 77210-4967
Part 70 Permit No.: T149-5944-00005

Months: _____ **to** _____ **Year:** _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

G NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

G THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD:

Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of each Deviations

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.